

Section VI: ACCOUNTABILITY RECOMMENDATIONS

Accountability mechanisms are critical to ensuring the success of this plan. Like parent involvement, accountability is not separate from other recommendations, but is integral to each of them. Accountability mechanisms defined in this plan include such things as development of common service definitions, written standards of practice and interagency agreements, common data elements and tracking mechanisms, review and revision of provider agreements and contracts, service authorization and review, public reports and parent satisfaction surveys, and parent and multi-agency involvement in decision making and program design. Because many of the accountability recommendations have been addressed elsewhere in the plan, many of the action items below reference action items of earlier recommendations, rather than repeating the information.

FINANCIAL STATEMENT:

The Accountability recommendations may be Medicaid reimbursable through UM where applicable, and state funds for those not otherwise Medicaid reimbursable. The state funds would be available for the state and local councils for items such as computers to collect data and track outcomes, contracts for the Community Report Card, and research.

Recommendation 42.

Utilization review practices must be set in place around Medicaid-paid service delivery, with retrospective reviews established over key indicators, at a minimum. (Priority 1)

Background/Framework for Implementation:

Utilization review practices with retrospective reviews will be implemented through the Department's Utilization Management program (UM). Utilization Management is described in more detail in the management recommendations.

In addition to Utilization Management's review of individual services, quality improvement teams meet regularly to evaluate and strategize system improvements.

Priority Action Items and Timelines

- A** See recommendation 15 standardization of Medicaid reimbursed services.
- B** See recommendations 16 – review of access issues.
- C** See recommendation 18 – review for expansion of the use of the Rehabilitation Option.
- D** Increase tracking of outcomes/targets established by the ICCMH and local councils with data provided by DHW, DJC, and SDE.

Desired Result

Through implementation of DHW's Utilization Management program and its information system, prior authorization and concurrent reviews of key indicators will occur for all Medicaid reimbursable children's mental health services regardless of eligibility.

Recommendation 43.

At the state and local levels, Child & Family Councils should establish and be held to basic accountability requirements, focused on the outcomes achieved by the children and families with help from community agents. (Priority 2)

Background/Framework for Implementation

This recommendation is addressed in action items under recommendations 4, 12 and 44.

Priority Action Items and Timelines

- A** By July 1, 2001, DHW will contract with a nationally recognized consultant to provide technical assistance to the Idaho Council on Children's Mental Health as they develop accountability and outcome standards.
- B** By September 1, 2001, DHW will develop a flow chart that describes the steps of the children's mental health process including application, prior authorization, and decision making. This pathway will be included in the common publication described in recommendation 1.
- C** By November 1, 2002, and annually thereafter, the ICCMH will submit a report of progress toward implementing the Idaho Children's Mental Health Services Act and meeting the plan adopted by the federal court.
- D** By January 1, 2002, and annually thereafter, DHW through their legal counsel will submit a report that will include information evaluating the current progress of the plan, barriers, resource needs, and service gaps and a corrective action plan.
- E** At all stages of the implementation of the action plan, the court and counsel will receive documentation where available of the developed protocols, guidelines, agreements, targets, reports, and any other material that will aid in the court's determination of the efforts being made in this process.
- F** See also recommendations addressing development of accountability and outcome standards to be used by regions and the local councils in tracking.

Desired Result

A consistent method is used to establish, review and report on services provided to children and families through the mental health system.

Recommendation 44.

The Cabinet Council and its individual member agencies should select targets or numeric outcomes for each action on the implementation plan to be developed following submission of this report. (Priority 1)

Background/Framework for Implementation

The parties agree that establishing targets or outcomes for each action item or recommendation is unrealistic; however, numeric targets and outcomes will be established for the program development recommendations both regionally and statewide. The local councils and regions

and individual agencies will develop accountability measures identified in recommendation 43 to determine regional numeric targets and outcomes, which will be reported to the ICCMH each year. Targets might be the number of children a local council or agency hopes to serve in a year.

Priority Action Items and Timelines

- A** The ICCMH will analyze current levels of services and develop a baseline for measuring progress over time.
- B** Within the first year of operation, local councils and agencies will identify the current level of services and their accessibility. The local councils and agencies will develop their numeric targets or outcomes for services in their area, and determine priorities based on needs and gaps identified regionally.
- C** Policy academies will assist local councils in developing appropriate targets.
- D** By December 1, 2002, DHW will analyze current levels of services in each region using standardized service definitions and common tracking mechanisms to develop a baseline of current capacity and a method for measuring progress over time with numeric targets or outcomes.
- E** Baselines will help with sizing capacity of services per regional population and then set outcomes related to those findings.
- F** By October 1, 2001, DHW will establish a method for tracking time spent by service. Information gathered from the tracking will be used to establish a baseline of current staff capacity per service and outcome measurements.

Desired Result

Relevant actions in the plan will have baseline and numeric targets or outcomes on which to measure progress over time. Targets or outcomes will be developed regionally, based on the outcomes set forth by the ICCMH in recommendation 43 and regionally set priorities. Staffing needs will be determined from the tracking information.

Recommendation 45.

A Community Service Report Card should be developed by the Cabinet to include key child/family indicators reflecting achievement of all child-serving systems, to be issued at a statewide level initially and moving to a regional or county level within three years. (Priority 2)

Background/Framework for Implementation

The State Department of Education has established outcome measures for children with disabilities, including SED. In addition, the Needs Assessment Executive Committee has established outcome measures for children served through the demonstration sites. Several family and child indicators are also currently presented at both a state and county level in Idaho's Kid's Count databook. These indicators can form the basis for establishing the key indicators to be presented in the Community Report Card.

Priority Action Items and Timelines

- A** By November 1, 2001, the ICCMH will research other states' indicators and secure technical assistance, if needed, to identify key child and family indicators to be included in the Community Report Card.
- B** By November 1, 2001, each participating entity on the ICCMH will identify indicators used within their current system to be used to establish the key indicators from DHW, DJC, and SDE to be measured in the Community Report Card, which will include information from the Family Satisfaction Surveys.
- C** By May 1, 2002, the ICCMH will explore options for publishing a community report card, including coordinating this with other reports of child and family outcomes (i.e., Kids Count) or contracting with other independent research organizations.
- D** By December 1, 2002, and annually thereafter, a Community Report Card that includes children's mental health indicators will be published and disseminated statewide.
- E** The Community Report Card will include indicators as to the expansion of the six core services.

Desired Result

An annual report will be published reflecting consistent, manageable, and objective key indicators of services and outcomes for children with SED and their families. This report card will be used by the ICCMH to develop action items with the goal of improving outcomes for children with SED.

Recommendation 46.

The Idaho Department of Education is encouraged to establish an accountability system which provides them with data about the actual special education services purchased by local districts, the functioning levels of children served and the needs met by those services, and the impact achieved. (Priority 1)

Background/Framework for Implementation

The State Department of Education has established outcome measures for children with disabilities, including those with an emotional disturbance. These measures are compiled at the state and individual district levels. As described under recommendation 12, these measures include graduation rates, dropout rates, statewide assessment participation and performance rates, child count information and personnel and service setting information.

Priority Action Items and Timelines

- A** The SDE will continue to utilize the current outcome accountability system for special education indicators.
- B** The SDE will establish a stakeholder task force to explore and make recommendations on the practicality of collecting additional child specific data for students with emotional disturbances, to the extent that it does not interfere with the educational process of students.

Desired Result

The SDE will collaborate within the agencies identified in the newly established statewide interagency agreement for providing data on the established indicators contingent upon consent for release of information from the parent or within the limits of FERPA.

Recommendation 47.

The Idaho Department of Juvenile Corrections is encouraged to expand its accountability system to include the tracking of specific outcomes, functional levels, and treatment plan goals among the youth for which it is responsible. (Priority 2)

Background/Framework for Implementation

After reviewing its children's mental health services, DJC is in the process of upgrading its clinical staff for the purpose of improving its clinical services for youth in its custody who have identified mental health needs, including SED. DJC has hired a masters-level lead clinician in each of the three regions which house a DJC facility. Further, DJC has hired a doctorate-level clinical services administrator. The goal of the additional clinical personnel will be to provide supervision to DJC's juvenile service coordinators (case managers), all of whom are licensed social workers, as they perform their duties. These juvenile service coordinators will then have the benefit of periodic clinical reviews of the youth assigned to them.

Priority Action Items and Timelines

- A** DJC has hired the three regional lead clinicians and a clinical services administrator, all of whom will start on or before July 1, 2001. These additional staff positions will allow DJC to improve its initial assessments that determine placements and treatment and to retain more children in their region of origin.
- B** DJC is reviewing and improving its children's mental health services in collaboration with DHW. DJC's additional clinical staff will increase DJC's ability to coordinate with DHW for the transition of youth that DJC will release back into the community.
- C** DJC is requesting five new juvenile service coordinator positions (case managers) to strengthen case management for and to be more responsive to all youths (including youths with SED) in its custody. All five of these positions will be licensed social workers.

Desired Result

One of many desired outcomes of these improvements in clinical assessments will be an improved ability to track specific outcomes, functional levels, and treatment plan goals for children with SED in DJC custody. Another will be to improve mental health services for all youths committed to DJC, including those with SED. Another will be an increased ability to coordinate with DHW concerning youth in DJC custody that may be returned to the community or concerning youth that might appropriately be diverted from a path that would otherwise likely lead to a commitment to DJC.

Recommendation 48.

The Idaho Legislature is encouraged to explore the creation of an accountability relationship between local courts and the state juvenile corrections system. (Priority 1)

Background/Framework for Implementation

DJC, through discussions with its Advisory Board, whose membership includes the chairmen of the House Judiciary, Rules and Administration Committee and Senate Judiciary and Rules Committee, will explore whether there are options through statute or court rule to retain children with SED who have entered the juvenile justice system in local programs and facilities, through county probation services or other services.

There are benefits to children with SED who have entered the local juvenile justice system, and potential overall cost savings when children with SED can be safely retained in their community and receive community-based mental health services rather than being committed to DJC. DJC will explain these benefits to children with SED and their families and potential overall cost savings to other branches of government at appropriate opportunities. DHW will join in explaining the available services.

Priority Action Items and Timelines

- A** This is an education goal for DJC in working with other branches of government, not a “provision-of-service” goal that DJC may implement on its own. DJC cannot “command” or set timelines for other branches of government, but it will provide educational materials on alternatives that judges and the Legislature may consider when deciding how to deal with children with SED in the court system.

Desired Result

DJC provides information to other branches of government on means of costs of and alternatives to committing children with SED to DJC.

Recommendation 49.

DHW must establish a quality improvement system within its regional offices to track the use of Jeff D. and other funds for children’s mental health services, including standard practices across all regions. (Priority 1)

Background/Framework for Implementation

DHW’s current child welfare information system provides information regarding costs and services in out-of-home care such as therapeutic foster and residential care. Beginning in July of 2001, Utilization Management is expected to provide a method for tracking services and costs for all children’s mental health services statewide and regionally. Utilization Management will also standardize practice and services across all regions, and will track funding being used to serve families with children with SED. The data will be utilized to develop a management strategy for continuous quality improvement to achieve desired outcomes.

Priority Action Items and Timelines

- A** DHW will continue to use CAFAS as a way to review effectiveness of services.
- B** By May 1, 2002, DHW will provide training to management and supervisory staff regarding use of data and outcomes to manage programs. Although the training, available through

Health and Human Services, is child welfare specific, DHW will open the training to all partner agencies.

- C** Utilization Management's information system will track funds expended by DHW for children's mental health services.
- D** DHW will monitor exactly what services are provided or purchased, unit and per-child costs, demographic and functional information about children served, and outcomes achieved from both functional and satisfaction perspectives.

Desired Result

DHW has a reliable mechanism for tracking services and costs related to children's mental health services across all regions. DHW, DJC, and SDE are knowledgeable about the use of this data to manage and improve services and continuous quality improvement strategies are in place to improve children's mental health services.

Recommendation 50.

It is strongly recommended that IDHW work internally to link information management across all areas of responsibility and to move all information systems towards a standard platform to support those linkages. (Priority 1)

Background/Framework for Implementation

Since this recommendation was made, DHW's child welfare information system has been implemented, which provides information on children and families served by Family and Children's Services. Utilization Management will also provide more consistent and reliable information regarding children's mental health services. In addition, DHW has standardized Medicaid reports, which will be distributed to management staff quarterly regarding children's mental health services and expenditures paid under the Medicaid program. DHW is also beginning to develop a Common Client Directory, which will identify clients served in any DHW program.

Priority Action Items and Timelines

- A** See actions under 12 – development of a more integrated information management system across agencies.
- B** See actions under 14 – development of a more integrated information management system across DHW's internal programs.
- C** See actions under 49 – improved tracking of funding resources and outcomes.

Desired Result

Meaningful data on children's mental health services is available and accessible to use to improve children's mental health services.